



ATTACHMENT J.11

Image World2 *New Dimensions* – TORP Transmittal Letter



Award Date: 12/21/2000
Expiration Date: 12/20/2010
Contact: Donald A Wilson 301-435-3886

TORP Transmittal Letter

Note: Words in *italics* are used to provide general guidance and/or example content.

Customers may use the U.S. mail, fax, or e-mail to provide the TORP except where indicated that a hard copy of a signed document is required. NITAAC expects delivery of documents in printed form and soft copy on an INTEL PC 3.5" floppy. When customers use e-mail, NITAAC expects soft copy to be in MS Word or WordPerfect; and MS Excel or Lotus 123.

Customer Agency and Sub-Agency Inside Address
Date

NITACC/IW2nd
6011 Executive Blvd., Suite 503J
Rockville, MD 20892

ATTN: IW2nd Contracting Officers
This letter transmits the following TORP:

1. Task Order Data

| | |
|-------------------|--|
| Task Order Title: | |
|-------------------|--|

2. The Points of Contact for this Task Order are

| | |
|--|--|
| Contracting Officer | |
| Customer Name | |
| Job Title | |
| Address | |
| City | |
| State Code | |
| Zip Code | |
| Phone | |
| Fax | |
| Email | |
| Accountable Management Official | |
| Customer Name | |
| Job Title | |
| Address | |
| City | |
| State Code | |
| Zip Code | |
| Phone | |

| | |
|---|--|
| Fax | |
| Email | |
| Contracting Officer Technical Representative | |
| Customer Name | |
| Job Title | |
| Address | |
| City | |
| State Code | |
| Zip Code | |
| Phone | |
| Fax | |
| Email | |

The AMO and the CO may be the same individual if the order is placed through local (i.e., the agency) channels. If no local agency CO is available, the CO from the agency authorized to sign the order should be cited and the AMO from the customer agency should be cited in the appropriate boxes.

3. The package includes the following items

| Hard Copy | Soft Copy | E-Mail | Item |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Statement of Work including evaluation criteria, evaluation factors, deliverable schedule, period of performance and location. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exception to Fair Opportunity to be Considered if applicable- signed by the appropriate agency official |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Independent Government Cost Estimate |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Posting Instructions - Identification of whether the Prime Contractors should respond with a written proposal (submitted electronically) or an oral presentation (which must be adequately documented) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proposal Preparation Instructions and delivery date |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proposal Delivery Instructions |
| <input type="checkbox"/> | N.A. | N.A. | For DHHS customers, either of the following certifications: <i>TORP Security Certification</i> (PDF) (Word) or <i>TORP Security Certification Not Applicable</i> (PDF) (Word) |

4. Fair Opportunity to be Considered

Is there an incumbent?

| Yes | No | Name (if applicable) |
|--------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | |

5. Exception to Fair Opportunity to be Considered

(If yes, indicate FAR exception and provide rationale).

| | |
|--------------------------|---------------|
| <input type="checkbox"/> | FAR Exception |
|--------------------------|---------------|

6. Performance-Based Statement of Work

Is the Statement of Work performance-based?

| Yes | No | Provide rationale if not performance-based (See FAR 7.105 and 37.602-1, and IW2nd Guidelines, Section 3.2) |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | |
| | | |
| | | |
| | | |
| | | |
| | | |

7. Technology Functional Area(s):

() Business () Medical Sciences () GIS/Scientific

8. Anticipated Contract Type

| | | |
|-------------------------------------|-----|------------------|
| <input checked="" type="checkbox"/> | FFP | Firm Fixed Price |
|-------------------------------------|-----|------------------|

9. Funding Strategy

Describe funding approach (e.g., fully funded, incrementally funded, options, etc). Describe the proposed funding strategy, e.g., obligated totally with initial task order, or obligated partially via modifications to task order.

| |
|--|
| FULLY FUNDED, OBLIGATED TOTALLY WITH INITIAL TASK ORDER |
| |
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| |
| |

10. Proposal Preparation Instructions

| | |
|--------------------------|----------|
| <input type="checkbox"/> | Oral |
| <input type="checkbox"/> | Written |
| | Due Date |

Section 1—Management (specify page limit).

Must address the offeror's management plan including steps for assurance of meeting schedule and budget goals, as well as risk mitigation. Must include experience citation of directly related experience and the resume(s) of any key management individuals, as determined by the offeror.

Section II—Technical (specify page limit)

Must discuss the offeror's technical approach to satisfying the requirements of the task order. Special emphasis should be placed on unique aspects of the approach and how the application of these unique approaches has been successful on other directly related experience of the offeror.

Section III - Cost (no page limit)

11. Proposal Delivery Instructions

12. Attachments

Please list titles of attached documents.

| |
|---|
| Statement of Work |
| Independent Government Cost Estimate |
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